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Often, personal experience brings inspiration for a project, paper, or art piece. My experience as a transgender man and my education and advocacy work gave me the idea to contribute to the education of healthcare providers regarding the needs of the transgender community. Because of the fear of coming out and the fact that I aged out of pediatric care, I did not have a primary care physician for two years. I was afraid to go to a new medical practice because they would ask about my gender, assumingly in a way that would not be sensitive which would make me uncomfortable and dysphoric. As a person who identifies as a minority, this meant I didn't have access to preventative healthcare, which could have led to significant ignored health concerns. I always advocate for representation in the work that I do and being a trans person working on trans health education makes me proud that I am able to give back to my community.

Turning to scientific literature, we found that there is a significant lack of research on transgender health and the transgender community in general (Hoffkling, Obedin-Maliver, & Sevelius, 2017; Obedin-Maliver & Makadon, 2015). The lack of research from providers leads them to have a lack of education as well as cultural sensitivity, causing a significant barrier in client-to-provider relationships when the client is transgender. Therefore, the ultimate goal of this project is to provide a research-informed educational resource pamphlet for health practitioners to increase the quality of care for the transgender community's health issues.

Because of barriers including stigma, discrimination, transphobia, and lack of support from family, transgender people often fear coming out, especially in healthcare settings when members of the transgender community are often treated poorly (Hoffkling et al., 2017). Stigma and discrimination often make it difficult for transgender men to succeed, and it disempowers the transgender community by producing barriers to opportunity. As I acknowledged above, it also keeps transgender people from disclosing their identity, which is a potential barrier in a relationship between transgender people and their primary care physician and the ability to receive adequate, comprehensive care. Overall, stigma, discrimination and gender dysphoria in medical settings can lead to healthcare professionals having

a lack of access to research and, hence, education on transgender issues. There is a gap between what is taught in health professional schools and the needs of transgender individuals. This can lead to lack of preparedness for providing quality care and can delay or deny someone care. Unpreparedness can be seen throughout the process of care that is required for someone making a transition from female to male. It has been observed in the process of aiding a transgender man with gender affirming care, hormone replacement therapy, gender reassignment surgery, and even primary care (Obedin-Maliver & Makadon, 2015).

This project was created to address the gap in the literature, the needs of transgender individuals, and the lack of training in healthcare in order to provide educational resources to healthcare professionals. This project had multiple facets that involved two phases. The first phase was empirical data collection with transgender individuals regarding their needs from healthcare providers and collecting perceptions from healthcare professionals. This data was analyzed for common themes. The second phase involved using these themes to create an informative pamphlet for healthcare professionals regarding the need of their transgender clients.

Method

In order to ground advice for health care practitioners in data, we created a qualitative interview project to gather information about transgender clients' experiences and concerns.

Participants

We conducted interviews with five members of the transgender community and two physicians that have experience working with transgender clients and the LGBT community broadly. Participants were recruited via flyers, word of mouth, and snowball sampling. Informed consent was obtained and demographic surveys asking for participants' background information were provided at the same time. Participants' ages ranged between 19 and 35 with a mean of 25.43 years. Participants also identified with a variety of gender identities. One participant identifies as agender, three as gender queer, two as trans men, and one cisgender. Race, however, was less diverse. Four participants stated that they are white, one was Hispanic/latina, and one Asian.

Data collection & procedure

Participants were interviewed for approximately one hour. Interview questions for the transgender participants were grouped into four categories:

medical/intake forms, relationship with primary care physicians, knowledgeability of primary care physician, and overall health experience. An example interview question was, "What barriers are there for you to disclose your identity to your primary care physician? What will make you feel comfortable enough to disclose your identity?" For the providers, interview questions were also grouped into four categories: experience with the transgender population, education level on transgender community, specific experiences with transgender clients, and other. An example interview question was, "If a client brings up a need for a referral, are you able to refer them to a culturally sensitive source?" Two interviews were conducted in the psychology research laboratory on campus at Bridgewater State University, two on site at providers' facilities, and one was conducted remotely.

Data analysis

Following the interviews, the audio recordings were transcribed using Express Scribe transcription software. Interviews were coded using thematic analysis (Braun & Clarke, 2006). First, we read through the transcripts and noted important overarching ideas. Then, we coded each transcript, line by line with short descriptions of the content of the participants' statements. Codes that were similar in their thematic content were combined, and all of these coded passages were transferred into a separate document. Quotes were then categorized and narrowed down by discussing, describing, and developing them into broader themes. Three common themes were found. Following creating the common themes, quotes were separated based on whether they were stated by transgender participants or providers.

Results

The first common theme is fear or discomfort. Fear or discomfort is experienced among many transgender people in healthcare settings and is often mentioned as a reason why some members of the transgender community may avoid seeing their doctor regularly or disclosing their identity in healthcare settings. Fear or discomfort can be characterized as experiences of gender dysphoria and discomfort or fear of coming out. Participants stated that they frequently experience discomfort when being referred to using their legal name, being asked questions about their reproductive health, and with physicians that are not supportive of their identities. For example, a participant (18 year old gender queer trans man) said, "I was like, he/him please and then they came back in and looked like they

didn't believe me and then they just kept being like, she/her and I didn't feel comfortable enough to correct them because I didn't think it was gonna last long and it did last long because of the whole bloodwork thing." This quote was categorized in the fear or discomfort category and discusses an uncomfortable experience a participant had when their provider would not use the correct pronouns. It demonstrates that even when a participant advocated for themselves and tells a provider their gender pronouns, they can experience lack of support, ignorance, misgendering, and transphobia. This participant found the courage to tell their provider their preferred pronouns and the provider did not take that opportunity to be accepting, become educated, or improve the provider and client relationship.

The second theme is lack of training, education and inclusion. Lack of training, education, and lack of inclusion is a crucial part of understanding what (and also why) knowledge is missing for healthcare providers as well as what transgender people are lacking from their healthcare providers. Transgender participants perceive their physicians' level of inclusion as lacking or poor via medical forms and in conversations. Providers may misgender their clients or even continue to use the wrong pronouns even if they ask a client's preferred name. The following quote was categorized into this theme because the participant (24-year-old agender person) talks about the lack of education from providers and how that made them avoid coming out: "Or in a lot of cases people didn't know the difference between sexual orientation and gender identity. And then after I turned 18 and started visiting a physician, I still didn't come out to him partly because I guess I still had that sense feeling of unsafe of expressiveness." A common finding among the transgender participants was fear of coming out, which went hand in hand with lack of education. Because transgender patients go into a healthcare facility with a new provider not knowing how inclusive, accepting, or supportive their provider is, members of the transgender community often delay coming out, only come out when necessary, or will avoid coming out altogether. This can potentially lead a transgender patient to avoid discussing transition related needs with their providers and leads to a lack of gender affirming and adequate care.

Healthcare providers acknowledge their level of inclusion or the tools they use to be inclusive as well as discussing their level of training, the availability of training, and past work in inclusivity. The two healthcare providers interviewed mentioned the lack

of training available and wish for more. When their own medical facilities don't provide inclusive forms, providers in this sample turned to creating their own. For example, one participant (35 year old gender queer physician) said, "I do my own intake form just because I generally don't get the information I need from the system wide one." This quote was coded into the lack of training, education, and inclusion theme since the provider describes using their own intake forms because the ones provided to them are not inclusive enough.

The third theme is progressiveness and ideas for the future. Progressiveness refers to health facilities' policies and procedures used to care for the transgender community, as well as a transgender person's observation of their health organization's progressiveness. Progressiveness is an important part in understanding what policies are put in place (or lacking) to ensure equity in care. The opportunity to change or propose future policies are included in this category. Both healthcare providers and transgender participants had suggestions for future policies. Healthcare providers had a desire for better policies and participants had ideas for what providers can do to be more sensitive and inclusive towards the health needs of transgender individuals. One of the suggested policy changes from a provider was to create a better process for writing letters to approve gender affirming surgeries. For example, a provider (35 year old genderqueer provider) said, "It's not a very good model to have a random psychologist or social worker write letters. It's also putting that person in a position of power in assessing. The new guidelines are better than the old ones and I guess they aren't that new anymore but there's a lot of improvement to be had." One of the participants (24 year old agender person) had an idea for physicians to be more sensitive and have inclusive policies for intake forms: "I would like a wider variety of options of explaining sexual orientation. […] I think when we only list, say, 'heterosexual, homosexual or gay, lesbian, bisexual' so often that narrows the list of orientations. It often feels like they are just asking you this because they want to get a very narrow list of your susceptibility to say certain STDs or HIV or AIDS." Our interviews suggest that there is a significant gap between physicians' knowledge and training and the needs of the transgender community.

Discussion and Pamphlet Distribution

Following conducting the interviews and thematic analysis, we translated the quotes into suggestions. Suggestions were placed into three categories based on commonalities. Initial intake included suggestions about how to create inclusive intake forms and asking patients what their gender pronouns are. Education and training suggested that providers should seek out culturally sensitive referrals and to attend a transgender focused conference or training. Specific trans health needs was also included, suggesting that physicians should be more sensitive of medical exams that may cause gender dysphoria and that a provider should be open to talking about the transition process with their client if desired. A terminology section was also added to the pamphlet in hopes that physicians will learn more about different transgender identities, the terms associated with gender affirming surgeries, and other important terms.

Following the completion of the project, the pamphlets were distributed. Connections within our network of colleagues allowed us to distribute pamphlets across the campus at Bridgewater State University as well as in gender clinics in Providence, Rhode Island. Presenting at BSU's midyear symposium and the local conference for the New England Psychological Association have also allowed further distribution of pamphlets. It is a goal to also distribute the pamphlet to nursing schools to start the education on how to provide culturally sensitive care for transgender patients at the collegiate level. A copy of the pamphlet can be found in the Appendix.

Concluding Thoughts

I hope that this project will educate healthcare providers on the best care practices for the transgender community. Not only would it mean advocating for the transgender community, but it also aims to solve one facet on the lack of education regarding diverse populations in healthcare. In distributing this pamphlet, we hope to create a valuable tool for physicians to use in providing identity sensitive care for the transgender community. We also hope that this will open up dialogue between healthcare providers and transgender patients. Members of the transgender community could also use the pamphlet as a conversation starter about what they are looking for in terms of gender related care from their primary care physicians. Though the project focuses on health concerns and social justice, one can argue that improving the quality of life for the transgender community by creating another space where they can be safe is important and significant. People identifying

with marginalized identities often feel stigmatized and isolated. Therefore, it is important to create spaces that allow for more open dialogue regarding overall health and wellbeing for diverse populations.

I hope that this project will translate into a training program for nursing schools and look forward to using this project to create a training program when I am in graduate school. I feel confident that this is the beginning of creating more inclusive and supportive places for the transgender community. If I had a more knowledgeable and inclusive healthcare provider when I was eighteen years old, I expect that I wouldn't have avoided having a primary care physician for two years. If this project will help at least one person feel more comfortable talking to their doctor and even come out them, I will truly know that I have given back to my community. Healthcare is important for all. By doing this project, I feel proud that I can contribute in helping make healthcare more inclusive and accessible for everyone, no matter their gender identity or expression.

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About the Author

Riley McGrath is a senior majoring in Psychology with double minors in GLBT Studies and Women & Gender Studies. His research project was completed during the summer of 2019 with the help of Dr. Theresa Jackson (Psychology) and with funding from the Adrian Tinsley Program (ATP) for Undergraduate Research. Riley has presented his research findings at the New England Psychological Association annual

meeting and on campus at BSU's ATP Symposium and Mid-Year Symposium. Riley plans on achieving a Master of Social Work degree in order to achieve his goal of becoming a therapist for members of the LGBT community.

Terminology

- Gender dysphoria: discomfort or distress caused by someone's sex at birth not matching their gender identity
- Pronouns: A form of address someone uses instead of their name (eg. He is going to the store. They are working today)
- Transgender: Someone who identifies as a gender other than their sex at birth
- Non binary: Gender identities that don't fall into the binary categories of male or female
- FTM: Female to male transgender (identify as male)
- MTF: Male to female transgender (identify as female)
- Top surgery: Surgery to alter one's chest
- Bottom surgery: surgery to alter one's sex organs
- HRT: Hormone replacement therapy
  - Eg. treatment the transgender community uses to alter their bodily chemistry)

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Best healthcare practices for the transgender community

Created by Riley McGrath
(BSU 2020)
and Dr. Theresa Jackson, PhD

Initial Meeting and Intake

- Ask your patients their preferred pronouns and make note of it in their files
- Use pronouns consistently throughout the appointment and continuing care
- Try to incorporate using they/them pronouns or gender inclusive language for gender neutral situations
  Eg. Instead of saying his/her, using their
- Create inclusive intake forms that ask for clients gender, sexuality, preferred name, and preferred pronouns
- Include wide range of identities beyond straight/gay or cisgender/ transgender
  Eg. Please select the gender identity that most closely matches how you identify. Gender identity being defined by: your sense of being a man, woman, both, neither, or a combination thereof
- Be sensitive to triggering language and avoid sex specific healthcare practices based on someone's visual identity
  Asking about menstruation
  Asking about HIV susceptibility

Education and Training

- Attend a trans focused conference or training
- Consult LGBT center to see if there is training available at local, regional and national level
- Seek out educational opportunities or resources for topics that you may not be well versed in
- Broaden your network by looking for culturally sensitive consults or referrals
- Include opportunities for office assistants, EMTs, janitors, and other medical facility staff to be involved in training and education
- Look to LGBT inclusive healthcare facilities as a model for practices of inclusion
  Eg. Fenway Health and Thundermist)

Specific Trans Healthcare Needs

- Be open to talking to your clients about their transition process
  - Only if they are comfortable doing so/ talk about it themselves
- Try not to assume that all transgender patients will want to go through a physical transition
  The transition process is different for every person
- If a patient chooses to physically transition, work with the patient's surgeon to assure quality of care throughout their transition
- Be sensitive of medical tests that may cause gender dysphoria
  Pap smears, Prostate exam
- Be mindful and understanding of the systemic barriers the transgender community faces
  Transphobia, discrimination, lack of acceptance from families, homelessness, physical, emotional and psychological violence